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Marianne A. Hall	(Depositor's name)
/Marianne A. Hall/	(Signature)
August 18, 2008	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/567,286	02/03/2006	Yusong Chen	19599.01US1	9742

TITLE OF INVENTION: CARDIO MYOPEPTIDIN, THE PRODUCTION AND THE USE THEREOF

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE		
nonprovisional	NO	\$1440	\$300	\$0	\$1740	08/21/2008		
EXAMINER ART U		ART UNIT	CLASS-SUBCLASS					
CARLSON, KAREN C 1		1656	530-385000	•				
<ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</li> </ol>			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.					
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  DALIAN ZHEN-AO PHARMACEUTICAL CO., LTD. DALIAN CITY, LIAONING PROVINCE, CHINA  Please check the appropriate assignee category or categories (will not be printed on the patent):								
_	are submitted: No small entity discount p # of Copies	permitted)	b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 502261 (enclose an extra copy of this form).					
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	/James P. Muraf		Onice.	Date August 1				

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